

Notes:
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Proposed Matrix

Assessment			Once or All	Community & Family Health														Environmental Health					Epidemiology, Health Statistics, Public Health Labs					HSQA		DIRM	Office of the Secretary	Board of Health	Total Incidence of Measure																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Blue Book	Poster	Measure	AS 1 1	AS s 1.2.1	Consultation and technical assistance are provided to LHJs and state programs on health data collection and analysis, as documented by logs or reports. Coordination is provided in the development and use of data standards, including definitions and descriptions.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														

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					CHILD	CSHCN	Gen	Imm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS																	STD	TB
Blue Book	Poster	Measure																																	
AS 3 4	AS s 3.7.4	State and LHJ staff members have been trained on program evaluation as evidenced by documentation of staff training.	All	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		29	
AS 3 5	AS s 3.8.5	Changes in activities that are based on analysis of key indicator data or performance measurement data are summarized as a part of quality improvement activities.	All		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		28	
AS 4 1	AS s 4.2.1	There is documentation of stakeholder involvement in DOH health assessment and policy development.			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X				X		X		25	
AS 4 2	AS s 4.4.2	There is a written protocol for using health assessment information to guide health policy decisions.	Once																												X		X		2
AS 4 3	AS s 4.4.3	State health assessment data is linked to health policy decisions, as evidenced through legislative requests, budget decisions, programs or grants.			X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X				X					X		X		22	
AS 5 1	AS s 5.2.1	Stakeholders that receive data have demonstrated agreement to comply with confidentiality policies and practices, as appropriate.	Once																										X					1	
AS 5 2	AS s 5.4.2	There are written policies, including data sharing agreements, regarding confidentiality that govern the use, sharing and transfer of data within the DOH and among the DOH, LHJs and partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems.	Once*																											X				1	
AS 5 3	AS s 5.5.3	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	All	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		30	
AS 5 4	AS s 5.7.4	Employees are trained regarding confidentiality, including those who handle patient information and clinical records, as well as those handling data.	All	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		30	
AS 5 5	AS s 5.7.5	All employees have signed confidentiality agreements.	All	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		30	
totals			16	6	11	11	11	11	13	11	11	13	13	13	13	13	13	13	8	13	9	9	7	8	12	14	10	9	7	13	7	17	5	336	
total once			9																																
total all			7																																

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				HP	CHILD	CSHCN	Gen	Imm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS						STD	TB	DW	EHA	EHS	FSSP	Rad					CD/Epi	CHS
CD 1 1	CD s 1.1.1	Information is provided to the public on how to contact the DOH to report a public health concern 24 hours per day. Law enforcement has current state 24-hour emergency contact lists.																				X		X											2
CD 1 2	CD s 1.2.2	Consultation and technical assistance are provided to LHJs on surveillance and reporting, as documented by case summaries or reports. Laboratories and health care providers, including new licensees, are provided with information on disease reporting requirements, timeframes, and a 24-hour DOH point of contact.													X	X	X					X		X	X	X									7
CD 1 3	CD s 1.4.3	Written procedures are maintained and disseminated for how to obtain state or federal consultation and technical assistance for LHJs. Assistance includes surveillance, reporting, disease intervention management during outbreaks or public health emergencies, and accuracy and clarity of public health messages.													X	X	X					X		X	X	X									7
CD 1 4	CD s 1.5.4	Annual goals and objectives for communicable disease are a part of the DOH planning process. Key indicators and implications for investigation, intervention or education efforts are documented.													X	X	X					X													4
CD 1 5	CD s 1.6.5	A statewide database for reportable conditions is maintained, surveillance data are summarized and disseminated to LHJs at least annually. Uniform data standards and case definitions are updated and published at least annually.													X	X	X					X		X		X									6
CD 1 6	CD s 1.7.6	Staff members receive training on communicable disease reporting, as evidenced by protocols.													X	X	X					X			X										5
CD 2 1	CD s 2.1.1	Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually.																				X		X	X							X			4
CD 2 2	CD s 2.4.2	Written policies or procedures delineate specific roles and responsibilities for state response to disease outbreaks or public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health and program administration. Variations from overall process are identified in disease-specific protocols.	Once																													X			1
CD 2 3	CD s 2.4.3	Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.																							X										1
CD 2 4	CD s 2.7.4	DOH staff members receive training on the policies and procedures regarding roles and responsibilities for response to public health threats, as evidenced by protocols.																				X		X	X										3

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CD 3 1	CD s 3.2.1	Consultation and staff time are provided to LHJs for local support of disease intervention management during outbreaks or public health emergencies, as documented by case write-ups. Recent research findings relating to the most effective population-based methods of disease prevention and control are provided to LHJs. Labs are provided written protocols for the handling, storage and transportation of specimens.												X	X	X			X	X		X			X								7
CD 3 2	CD s 3.4.2	DOH leads statewide development and use of a standardized set of written protocols for communicable disease investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.																	X	X		X			X	X							9
CD 3 3	CD s 3.5.3	An annual evaluation of a sample of state communicable disease investigation and consultations is done to monitor timeliness and compliance with disease-specific protocols.												X	X	X			X	X		X											6
CD 3 4	CD s 3.6.4	DOH identifies key performance measures for communicable disease investigations and consultation.												X	X	X			X	X		X											6
CD 3 5	CD s 3.7.5	Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.				X								X	X	X	X		X	X		X			X								9
CD 4 1	CD s 4.1.1	A communication system is maintained for rapid dissemination of urgent public health messages to the media and other state and national contacts.	Once*																											X			1
CD 4 2	CD s 4.2.2	A communication system is maintained for rapid dissemination of urgent public health messages to LHJs, other agencies and health providers. Consultation is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak or public health emergency, as documented by case write-up. State-issued announcements are shared with LHJs in a timely manner.	Once*																											X			1
CD 4 3	CD s 4.4.3	Roles are identified for working with the news media. Written policies identify the timeframes for communication and the expectations of all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts	Once																											X			1

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Blue Book	Poster	Measure																																
CD 4 4	CD s 4.5.4	and media releases.																																
		Communication issues identified in outbreak response evaluations are addressed in writing with future goals and objectives in the communicable disease quality improvement plan.														X	X	X				X												8
CD 4 5	CD s 4.7.5	Staff members with lead roles in communicating urgent messages have been trained in risk communication.																				X			X									
															X	X	X							X		X								7
CD 5 1	CD s 5.2.1	Timely information about best practices in disease control is gathered and disseminated. Coordination is provided for a state and local debriefing to evaluate extraordinary disease events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide.																																
															X	X	X																	7
CD 5 2	CD s 5.4.2	Model plans, protocols and evaluation templates for response to disease outbreaks or public health emergencies are developed and disseminated to LHJs.	Once																															
																							X	OR	X									1
CD 5 3	CD s 5.5.3	Model materials are revised based on evaluation findings, including review of outbreaks.	Once																				X	OR	X									1
CD 5 4	CD s 5.5.4	Response issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs.																																
															X	X	X					X			X	X								8
CD 5 5	CD s 5.7.5	Staff members are trained in surveillance, outbreak response and communicable disease control, and are provided with standardized tools.																																
															X	X	X					X			X	X								8
CD 5 6	CD s 5.8.6	A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures, and communication.	Once*																															
																							X	OR	X									1
TOTALS			7	0	0	0	2	0	0	0	0	0	0	0	15	15	15	1	0	9	9	0	21	0	13	13	4	0	0	0	7	0		121
total once			7																															
total all			0																															

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Measure	Blue Book	Poster	HP	CHILD	CSHCN	Gen	Imm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	TB	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T					
EH 1 1	EH s 1.1.1	Information is provided to the public about the availability of state level environmental health educational programs through contact information on brochures, flyers, newsletters, websites and other mechanisms.																		X	X	X	X	X										5	
EH 1 2	EH s 1.2.2	There are documented processes for involving stakeholders in addressing environmental health issues including education and the provision of technical assistance.																		X	X	X	X	X				X							6
EH 1 3	EH s 1.5.3	A plan for environmental health education exists, with goals, objectives and learning outcomes. There is an evaluation process for health education offerings that is used to revise curricula.																		X	X	X	X	X				X							6
EH 1 4	EH s 1.4.4	Environmental health education services are provided in conformance with the statewide plan.																		X	X	X	X	X				X							6
EH 1 5	EH s 1.6.5	The environmental health education plan identifies performance measures for education programs that are monitored and analyzed on a routine basis.																		X	X	X	X	X				X							6
EH 1 6	EH s 1.7.6	Staff members conducting environmental health education have appropriate health education skills and training as evidenced by job descriptions, resumes or training documentation.																		X	X	X	X	X				X							6
EH 2 1	EH s 2.1.1	Information is provided to the public on how to report environmental heath threats or public health emergencies, 24 hours a day; this includes a phone number.																		X	X	X	X	X											5
EH 2 2	EH s 2.2.2	Consultation and technical assistance are provided to LHJs and other agencies on emergency preparedness, as documented by case write-ups or logs. Following an emergency response to an environmental health problem or natural disaster, LHJs and other agencies are convened to review how the situation was handled. This debriefing is documented with a written summary of findings and recommendations.																		X	X	X	X	X					X				X		7
EH 2 3	EH s 2.4.3	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness. Procedures are in																		X	X	X	X	X					X						6
EH 2 4	EH s 2.5.4	There is a plan that describes DOH internal roles and responsibilities for environmental events or natural disasters that threaten the health of the people. There is a clear link between this plan and other state and local emergency response plans.	Once*																														X		1
EH 2 5	EH s 2.7.5	All DOH program staff are trained in risk communication and use of the DOH emergency response plan, as evidenced by training documentation.	All	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		30

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Blue Book	Poster																																	
PP 1 1	PP s 1.1.1	Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about best practices in prevention and health promotion programs.		X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X				X				20
PP 1 2	PP s 1.2.2	Consultation and technical assistance is available to assist LHJs in proposing and developing prevention and health promotion policies and initiatives. Written procedures are maintained and shared, describing how to obtain consultation and assistance regarding development, delivery, or evaluation of prevention and health promotion initiatives.		X	X	X	X	X	X	X	X	X	X	X	X	X	X									X			X					19
PP 1 3	PP s 1.5.3	Priorities are set for prevention and health promotion services, and a statewide implementation plan is developed with goals, objectives and performance measures.	Once																													X	X	2
PP 1 4	PP s 1.8.4	The statewide plan is evaluated and revised regularly, incorporating information from health assessment data and program evaluation.	Once																													X		1
PP 2 1	PP s 2.1.1	The DOH provides leadership in involving stakeholders in considering assessment information to set prevention and health promotion priorities.	Once																													X	X	2
PP 2 2	PP s 2.2.2	A broad range of partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion.		X	X	X	X	X	X	X	X	X	X	X	X	X	X															X		17
PP 2 3	PP s 2.2.3	Information about community mobilization efforts for prevention priorities is collected and shared with LHJs and other stakeholders.		X	X	X	X	X	X	X	X	X	X	X	X	X	X															X		17
PP 2 4	PP s 2.5.4	The statewide plan for prevention and health promotion identifies efforts to link public and private partnerships into a network of prevention services.	Once																													X		1
PP 2 5	PP s 2.7.5	DOH staff members have training in community mobilization methods as evidenced by training documentation.		X	X	X	X	X	X	X	X	X	X	X	X	X	X															X		17
PP 3 1	PP s 3.1.1	The DOH supports best use of available resources for prevention services through leadership, collaboration and communication with partners. Information about prevention and health promotion evaluation results is collected and shared statewide.		X	X	X	X	X	X	X	X	X	X	X	X	X	X															X		17

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Blue Book	Poster	Measure																																
PP 3 2	PP s 3.5.2	Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate assessment information. In addition, a gap analysis that compares existing prevention services to projected need for services is performed periodically and integrated into the priority setting process.		X	X	X	X	X	X	X	X	X	X	X	X	X												X					16	
PP 3 3	PP s 3.7.3	DOH staff members have training in program evaluation methods as evidenced by training documentation.	duplicate measure, rx remove																														0	
PP 3 4	PP s 3.8.4	A quality improvement plan incorporates program evaluation findings, evaluation of community mobilization efforts, use of emerging literature and best practices and delivery of prevention and health promotion services.		X	X	X	X	X	X	X	X	X	X	X	X	X												X					17	
PP 4 1	PP s 4.2.1	Consultation and technical assistance on program implementation and evaluation of prevention services is provided for LHJs. There is a system to inform LHJs and other stakeholders about prevention funding opportunities.		X	X	X	X	X	X	X	X	X	X	X	X	X												X					16	
PP 4 2	PP s 4.4.2	Outreach and other prevention interventions are reviewed for compliance with science, professional standards, and state and federal requirements. Consideration of professional requirements and competencies for effective prevention staff is included.		X	X	X	X	X	X	X	X	X	X	X	X	X												X					16	
PP 4 3	PP s 4.5.3	Prevention services have performance measures that are tracked and analyzed, and recommendations are made for program improvements.		X	X	X	X	X	X	X	X	X	X	X	X	X												X					16	
PP 4 4	PP s 4.6.4	Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement.		X	X	X	X	X	X	X	X	X	X	X	X	X								X	X			X					18	
PP 4 5	PP s 4.7.5	DOH staff members have training in prevention, early intervention, or outreach services as evidenced by training documentation.		X	X	X	X	X	X	X	X	X	X	X	X	X												X					16	
PP 5 1	PP s 5.1.1	Health promotion activities are provided directly by DOH or by contractors, and are intended to reach the entire population or at risk populations in the community.		X	X	X	X		X	X		X	X		X													X					15	

Notes:
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4 -- * = measures scored as "partnership" in 2002

Proposed Matrix

Prevention & Promotion			Once or All	Community & Family Health														Environmental Health					Epidemiology, Health Statistics, Public Health Labs					HSQA		DIRM	Office of the Secretary	Board of Health	Total Incidence of Measure			
				Maternal and Child Health							Community Wellness and Prevention				Infectious Diseases and Reproductive Health																					
				HP	CHILD	CSHCN	Gen	Imm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/RH	HIV / AIDS	STD	TB	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T					
Blue Book	Poster	Literature reviews of health promotion effectiveness are conducted and disseminated. Consultation and technical assistance on health promotion implementation and evaluation is provided for LHJs. There is a system to inform LHJs and other stakeholders about health promotion funding opportunities.																																		
PP 5 2	PP s 5.2.2		X	X	X	X	X		X	X	X	X	X	X	X														X					14		
PP 5 3	PP s 5.4.3		Health promotion activities are reviewed for compliance with science, professional standards, and state and federal requirements. Health promotion materials that are appropriate for statewide use and for key cultural or linguistic groups are made available to LHJs and other stakeholders through a system that organizes, develops, distributes, evaluates and updates the materials.																																	
		X		X	X	X	X		X	X	X	X	X	X	X															X					14	
PP 5 4	PP s 5.5.4	Health promotion activities have goals, objectives and performance measures that are tracked and analyzed, and recommendations are made for program improvements. The number and type of health promotion activities are tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.																																		
			X	X	X	X	X		X	X	X	X	X	X	X																X					15
PP 5 5	PP s 5.7.5		DOH staff members have training in health promotion methods as evidenced by training documentation.																																	
		X		X	X	X	X		X	X	X	X	X	X	X																X					15
totals				4	12	18	18	18	18	13	18	18	18	18	18	16	13	0	0	0	0	0	0	1	1	3	1	0	18	0	5	2	301			
total once			4																																	
total all			0																																	

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Proposed Matrix

Access to Critical Health Services			Once or All	Community & Family Health														Environmental Health					Epidemiology, Health Statistics, Public Health Labs					HSQA		DIRM	Office of the Secretary	Board of Health	Total Incidence of Measure, I		
				HP	Maternal and Child Health						Community Wellness and Prevention				Infectious Diseases and Reproductive Health																				
					CHILD	CSHCN	Gen	Imm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/R H	HIV / AIDS																	STD	TB
Measure	Blue Book	Poster																																	
AC 1 1	AC s 1.6.1	A list of critical health services is established and a core set of statewide access measures established. Information is collected on the core set of access measures, analyzed and reported to the LHJs and other agencies.	Once*																													X	X	2	
AC 1 2	AC s 1.2.2	Information is provided to LHJs and other agencies about availability of licensed health care providers, facilities and support services.	Once																													X		1	
AC 2 1	AC s 2.2.1	Consultation is provided to communities to help gather and analyze information about barriers to accessing critical health services.	Once																															1	
AC 2 2	AC s 2.4.2	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other agencies in gathering and analyzing information regarding barriers to access.	Once																															1	
AC 2 3	AC s 2.6.3	Gaps in access to critical health services are identified using periodic survey data and other assessment information.				X	X	X		X	X	X	X	X	X	X									X	X								17	
AC 2 4	AC s 2.7.4	Periodic studies regarding workforce needs and the effect on critical health services are conducted, incorporated into the gap analysis and disseminated to LHJs and other agencies.																																3	
AC 3 1	AC s 3.2.1	Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.				X	X	X		X	X	X	X	X	X	X									X	X							X	X	19
AC 3 2	AC s 3.5.2	State-initiated contracts and program evaluations include performance measures that demonstrate coordination of critical health services delivery among health providers.				X	X	X		X	X	X	X	X	X	X																		15	
AC 3 3	AC s 3.4.3	Protocols are developed for implementation by state agencies, LHJs and other local providers to maximize enrollment and participation in available insurance coverage.	Once																														X		1
AC 3 4	AC s 3.8.4	Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives, and performance measures.																																3	
AC 4 1	AC s 4.2.1	Information about best practices in delivery of critical health services is gathered and disseminated. Summary information regarding delivery system changes is provided to LHJs and other agencies.				X	X	X		X	X	X	X	X	X	X																		16	

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Proposed Matrix

Access to Critical Health Services			Once or All	Community & Family Health														Environmental Health					Epidemiology, Health Statistics, Public Health Labs					HSQA		DIRM	Office of the Secretary	Board of Health	Total Incidence of Measure, I			
				Maternal and Child Health								Community Wellness and Prevention			Infectious Diseases and Reproductive Health																					
				HP					Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP/R H	HIV / AIDS																	STD	TB	
				CHILD	CSHCN	Gen	Imm																													
Measure																																				
Blue Book	Poster																																			
AC 4.2	AC s 4.7.2	Training on quality improvement methods is available and is incorporated into grant and program requirements.	Once																																	
AC 4.3	AC s 4.8.3	Regulatory programs and clinical services administered by DOH have a written quality improvement plan including specific quality-based performance or outcome measures.																																		
																															</					

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Proposed Matrix

Summary of All Measures by Standard Within All Programs

Assessment
Communicable Disease
Environmental Health
Prevention & Promotion
Access

Totals

Totals by Office

total Once
total All

Once or All	Community & Family Health																Environmental Health					Epidemiology, Health Statistics, Public Health Labs					HSQA		DIRM	Office of the Secre-tary	Board of Health	Total Incidence of Measure	
	Maternal and Child Health								Community Wellness and Prevention				Infectious Diseases and Reproductive Health																				
	HP	CHILD	CSHCN	Gen	Imm	Assess / CDR	MIH	CAH	CD / HRB	Inj	Tobacco	WIC	FP / RH	HIV / AIDS	STD	TB	DW	EHA	EHS	FSSP	Rad	CD/Epi	CHS	NICE	PHLab	WEDSS	CRH	EMS&T					
	16	6	11	11	11	11	13	11	11	13	13	13	13	13	13	13	13	8	13	9	9	7	8	12	14	10	9	7					13
7	0	0	0	0	2	0	0	0	0	0	0	0	0	15	15	15	1	0	9	9	0	21	0	13	13	4	0	0	0	7	0	124	
2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19	13	19	19	19	1	1	8	3	3	1	1	1	3	0	127	
4	12	18	18	18	18	13	18	18	18	18	18	18	18	18	16	13	0	0	0	0	0	0	1	1	3	3	1	0	18	0	5	2	301
6	0	0	5	5	5	1	5	5	5	5	5	5	5	5	5	5	0	0	0	0	0	0	2	7	0	0	7	7	0	7	2	98	
35	19	30	35	35	37	28	35	35	37	37	37	37	37	52	50	47	28	26	37	37	26	30	16	43	29	17	15	39	8	39	9	987	

588

154

135

54

8

39

9

27
8

Glossary

Abbreviation	Full Name	Supervising Office	Program within?
Assess/CDR CAH	MCH Assessment/Child Death Review Child & Adolescent Health	Maternal & Child Health Maternal & Child Health	Community & Family Health Administration Community & Family Health Administration
CD/Epi	Communicable Disease & Epidemiology	Epidemiology, Health Statistics, Public Health Laboratories Community Wellness & Prevention	Epidemiology, Health Statistics, Public Health Laboratories
CD / HRB CHILD	Chronic Disease/Health Risk Behavior CHILD Profile	Maternal & Child Health	Community & Family Health Administration Community & Family Health Administration
CHS	Center for Health Statistics	Epidemiology, Health Statistics, Public Health Laboratories Health Systems Quality Assurance	Epidemiology, Health Statistics, Public Health Laboratories
CRH	Community & Rural Health		
CSHCN	Children w/ Special Health Care Needs	Maternal & Child Health	Community & Family Health Administration
DIRM	Division of Information Resource Management		
DW	Drinking Water	Environmental Health	Environmental Health
EHA	Environmental Health Assessments	Environmental Health	Environmental Health
EHS	Environmental Health & Safety	Environmental Health Health Systems Quality Assurance	Environmental Health
EMS&T	Emergency Medical Services & Trauma	Infectious Disease & Reproductive Health	Community & Family Health Administration
FP/RH	Family Planning / Reproductive Health	Environmental Health	Environmental Health
FSSP	Food Safety and Shellfish Programs	Maternal & Child Health	Community & Family Health Administration
Gen	Genetics	Infectious Disease & Reproductive Health	Community & Family Health Administration
HIV / AIDS	HIV/AIDS Prevention & Intervention		Community & Family Health Administration
HP	Health Promotion		Community & Family Health Administration
Imm	Immunizations	Maternal & Child Health	Community & Family Health Administration

<i>Abbreviation</i>	<i>Full Name</i>	<i>Supervising Office</i>	<i>Program within?</i>
Inj	Injury Prevention	Community Wellness & Prevention	Community & Family Health Administration
MIH	Maternal & Infant Health	Maternal & Child Health	Community & Family Health Administration
NICE	Non-infectious Conditions Epidemiology	Epidemiology, Health Statistics, Public Health Laboratories	Epidemiology, Health Statistics, Public Health Laboratories
PHLab	Public Health Laboratories	Epidemiology, Health Statistics, Public Health Laboratories	Epidemiology, Health Statistics, Public Health Laboratories
Rad	Radiation Protection	Environmental Health	Environmental Health
STD	Sexually Transmitted Diseases	Infectious Disease & Reproductive Health	Community & Family Health Administration
TB	Tuberculosis	Infectious Disease & Reproductive Health	Community & Family Health Administration
Tobacco	Tobacco Prevention & Control	Community Wellness & Prevention	Community & Family Health Administration
WEDSS	Washington Electronic Disease Surveillance System	Epidemiology, Health Statistics, Public Health Laboratories	Epidemiology, Health Statistics, Public Health Laboratories
WIC	Women, Infants & Children Supplemental Food Program	Community Wellness & Prevention	Community & Family Health Administration